

On-line registration available: [www.darienct.gov/yc](http://www.darienct.gov/yc)

Family pin # & client barcode needed for online registration.

Call 203-656-7388 during normal business hours if those numbers are needed.

OR

**MANDATORY REGISTRATION FORM**

**DARIEN YOUTH COMMISSION - 2015-16 7<sup>TH</sup> GRADE TOPS (Teen Options)**

*STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING. REGISTRATION BEGINS 8/17/15*

October 16	TOKENEKE FAIR NIGHT	\$20.00	6:00 - 8:00	Tokeneke School
November 2	Afternoon @ the Movies	\$ 5.00	3:45 - 5:30	Darien Playhouse
December 4	MISTLETOE MAGIC	\$15.00	7:00 - 9:00	Town Hall Gym
January 8	BOWLING PARTY	\$15.00	3:30 - 5:00	Bowlmor Lanes, Norwalk
March 11	CHELSEA PIERS FUN	\$20.00	7:30 - 9:00	Chelsea Piers, Stamford
April 22	SPRING FLING	\$10.00	7:30 - 9:00	Town Hall Gym
May 6	HINDLEY FAIR NIGHT	\$20.00	7:30 - 9:00	Hindley School

PAYMENT OPTION: (Please check one)

\_\_\_\_\_ Advance Payment - Discounted price of \$90.00 payable to Town of Darien (send to DYC—2 Renshaw Rd.)

\_\_\_\_\_ Pay per event (form to be dropped by 9/25/15 at MMS or sent to DYC - 2 Renshaw Rd.)

***PLEASE COMPLETE ALL PORTIONS OF REGISTRATION BELOW***

NAME \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENTS' NAME & \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

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EMERGENCY NAME & PHONE NUMBER \_\_\_\_\_

(Non-parent who is available during TOPS events)

PHYSICIAN NAME & PHONE # \_\_\_\_\_

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**HOLD HARMLESS & CONSENT FOR MEDICAL TREATMENT**

1. I grant permission for \_\_\_\_\_ to participate in all TOPS (Teen Options) programs. Please list any allergies and/or medical conditions your child has of which we should be aware. \_\_\_\_\_
2. Does medication need to be administered during TOPS events? \_\_\_\_\_ yes \_\_\_\_\_ no
3. In the event of injury or illness of \_\_\_\_\_ and I or another parent, guardian or emergency contact cannot be contacted by reasonable & expeditious means, I hereby consent to any emergency medical treatment necessary to be administered by a licensed medical professional or facility.
4. In consideration for the privilege of participating in the Youth Commission's TOPS program, this is to certify that I, as a parent or guardian with legal responsibility for \_\_\_\_\_, do hereby consent and agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from participation in the Youth Commission's TOPS program.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_